



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E352923**

CASE #	14-02123		
LOCAL AGENCY CODING			
TOTAL # OF UNITS	02	OBJECT STRUCK	

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input checked="" type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>
TRIBAL RESERVATION <input type="checkbox"/>		

DATE OF COLLISION	M 08 - D 07 - Y 2014	TIME (2400)	1820	COUNTY #	31	MILES	N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	IN <input checked="" type="checkbox"/> OF	CITY #	0664
-------------------	----------------------	-------------	------	----------	----	-------	---	---	--------	------

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>	
15TH PLACE SE		BLOCK NO. <input checked="" type="checkbox"/>	8430
		MILE POST	

DISTANCE		MILES		FEET		N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	OF (REFERENCE OR CROSS STREET)	
----------	--	-------	--	------	--	---	--------------------------------	--

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE	
---------	---	--------------------------------------	----------------------	---	-------	--

LAST NAME	WALKEN	FIRST NAME	RYAN	MIDDLE INITIAL	D
-----------	--------	------------	------	----------------	---

STREET NEW ADDRESS	8430 15TH PLACE SE #93
--------------------	------------------------

CITY	LAKE STEVENS	ST	WA	ZIP	98258
------	--------------	----	----	-----	-------

CDL		RESTRICTIONS		ENDORSEMENTS	
-----	--	--------------	--	--------------	--

DRIVER'S LICENSE #	WALKERD31204	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	09	-	24	-	1969
--------------------	--------------	-------	----	-----	---	--------	----------	----	---	----	---	------

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
----------------------------------	--------	--------	---	--------	---	-------	---	------------	--	--------------	---	--------------------	--

LICENSE PLATE #	AMF3159	STATE	WA	VIN#	2G4WY52M4X1439325
-----------------	---------	-------	----	------	-------------------

TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
-----------------	--	-------	--	-----------------	--	-------	--

VEH. YEAR	1999	MAKE	BUIC	MODEL	CENTUR	STYLE	P4	VEHICLE TOWED	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------	------	------	------	-------	--------	-------	----	---------------	---	----------	--	---------------	---

REGISTERED OWNER INFO. OWNED BY DRIVER												
--	--	--	--	--	--	--	--	--	--	--	--	--

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	GEICO 4349601031
---	-------------------------	------------------

VEHICLE LEGALLY STANDING <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
--	------------	--------



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE	
---------	---	--------------------------------------	-------------------------------------	---	----------------------	---	-------	--

LAST NAME	UNKNOWN	FIRST NAME		MIDDLE INITIAL	
-----------	---------	------------	--	----------------	--

STREET NEW ADDRESS	
--------------------	--

CITY		ST		ZIP	
------	--	----	--	-----	--

CDL		RESTRICTIONS		ENDORSEMENTS	
-----	--	--------------	--	--------------	--

DRIVER'S LICENSE #		STATE		SEX	U	D.O.B.	MMDDYYYY		-		-	
--------------------	--	-------	--	-----	---	--------	----------	--	---	--	---	--

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	9	RESTR.	9	EJECT	9	HELMET USE	9	INJURY CLASS	0	NATURE OF INJURIES	
----------------------------------	--------	--------	---	--------	---	-------	---	------------	---	--------------	---	--------------------	--

LICENSE PLATE #	4X4ME	STATE	WA	VIN#	JT4RN62S9H0159721
-----------------	-------	-------	----	------	-------------------

TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
-----------------	--	-------	--	-----------------	--	-------	--

VEH. YEAR	1987	MAKE	TOYT	MODEL	4	STYLE	EB	VEHICLE TOWED	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------	------	------	------	-------	---	-------	----	---------------	---	----------	--	---------------	---

REGISTERED OWNER INFO. BRENDAN WRIGHT 18821 40TH AVENUE W LYNNWOOD WA 98036												
---	--	--	--	--	--	--	--	--	--	--	--	--

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	NATIONWIDE PPB00476520020
---	-------------------------	---------------------------

VEHICLE LEGALLY STANDING <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
--	------------	--------



OFFICER'S NAME (PRINT)	R. RUTHERFORD	BADGE OR ID #	130	AGENCY	WA0311900
------------------------	---------------	---------------	-----	--------	-----------



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E352923**

CASE # **14-02123**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES

NARRATIVE

On 08/07/2014 at 1929 hours, I was dispatched to a hit and run collision at 8430 15th Place SE #24. The R/P advised that his vehicle was parked facing southbound in front of trailer #24. The R/P Brendan Wright advised that when he came out to his vehicle he found a dent in the left rear quarter panel that was not there when he parked. Wright believed that a white Buick that was parked across the lot from his vehicle was responsible. Wright advised that the vehicle lived at a trailer just south of his location. I checked the suspect trailer and did not find a vehicle. I cleared that call and was exiting the lot of the trailer court and found a white Buick bearing license AMF3159 which was registered to the susupsect trailer #93. I made contact with the driver of that Buick, Ryan Walken. Walken said that he was parked across from the 4runner and did back out of his parking stall. Walken said that he did bump the 4 runner but thought he only brushed the tire. Walken said he got out and checked the 4 runner but did not find any damage and left. There was no damage to Walken's vehicle and minimal damage to the 4 Runner belonging to Wright. Wright requested a case number for insurance purposes.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

R. RUTHERFORD

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

08-31-14 03:54 PM

DATED

PLACE SIGNED

APPROVED BY

DATE

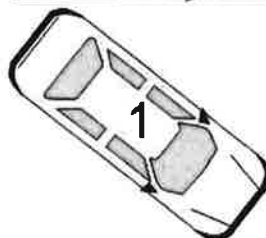
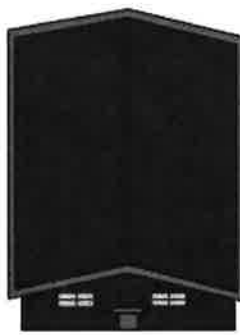
BOB SUMMERS 079

8/31/2014 5:35:14 PM

BADGE OR ID #	130	ORI #	WA0311900	TIME POLICE DISPATCHED	6:29 PM	TIME POLICE ARRIVED	6:43 PM
---------------	------------	-------	------------------	------------------------	----------------	---------------------	----------------



8430 15th Place SE



Parking Stalls



Incident History for: #SS14015427
Entered 08/07/14 18:28:47 BY SPCT07 SP0386
Dispatched 08/07/14 18:29:12 BY SPDP17 SP0367
Enroute 08/07/14 18:29:12
Onscene 08/07/14 18:43:37
Closed 08/07/14 19:08:10

14-02123

Initial Type: COL Initial Alarm Level: Final Alarm Level:
Final Type: CIVIL (CIVIL PROBLEM) Pri: 3 Dispo: A
Police BLK: SS003 Fire BLK: AG1418 Map Page: 397D-3 Group: SS1 Beat: SOUT
Src: T
Loc: 8430 15 PL SE #24 ,LKS -- CARDINAL ESTATES btwn 83 AV SE & 85 AV SE (V)

Loc Info:

Name: WRIGHT, BRENDON

Addr:

Phone: 4259234365

/1828 (SP0386) ENTRY ,CC, COLD, POSS SUS INFO, HIT AND RUN, RP WAITIN
G IN GRY 87 TOYO 4RUNNER
/1829 (SP0367) DISPER 19R1 #SS130 RUTHERFORD, OFCR (RICH)
/1829 PISEEN
/1830 (SS130) REMINQ 19R1 MDTVEH, ANT8928, ,WA, , , , , , , , , ,
/1834 REMINQ 19R1 MDTVEH, AJR2537, ,WA, , , , , , , , , ,
/1843 *ONSCNE 19R1
/1854 *CLEAR 19R1 D/A
/1854 CLOSE 19R1
/1859 (SP0367) REOPEN ,NO MORE INFORMATION
/1859 DISPER 19R1 #SS130 RUTHERFORD, OFCR (RICH)
/1859 (*****) REMINQ 19R1 AMF3159
/1859 (SP0367) REMINQ 19R1 LIC, 19R1, AMF3159, , ,
/1908 CLEAR 19R1 T/CIVIL
/1908 CLOSE 19R1

D
RYAN WALICHEN
082464

GIELO
4349-60-16-31

BRENDON D. WRIGHT
5-10-94
18821 40TH AVE W
CUM 98036

(H) 425 923 4365

4x4-ME

NATIONWIDE
PPBMO 047652
002-0